Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Mary Johnson	M M / D D / Y Y Y Y
Mailing Address 105 South Dale St	07 31 2014 Amount
City State Zip Code Spruce Pine NC 28777	60.00
	Transaction ID: 934a159f-ae38-4468-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 31 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbut 203299.49	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Anthony Buchanan	Date of Public Distribution/Dissemination
Anthony Buchanan	07 31 Y Y Y Y Y
Mailing Address 1090 McHone Rd	Amount
City State Zip Code	40.00
Spruce Pine NC 28777	Transaction ID: 370a07d4-cd66-47eb-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Table 001	M - M / D - D / Y - Y - Y
Type	07 31 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbut 203299.49	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	08 04 2014
Signature	

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
James Kindstedt	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5510 Dogwood Dr Am	ount
City State Zip Code	27.50
Winston Salem NC 27105 Tra	insaction ID: bdb407ac-6a1e-4e66-b te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ight: House District: 00
Me Kay Hagan	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 203299.49 Disbursem 2014	
5 11 11 12	Other (specify)
Full Name of Payee James Kindstedt	te of Public Distribution/Dissemination
Mailing Address 5510 Dogwood Dr	07 31 2014 nount
City State Zip Code	6.48
	nsaction ID: ee97accb-1877-48ff-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 31 7 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Kay Hagan Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 203299.49	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	33.98
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	04 2014
Signature	

PAGE 2

OF

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 3 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination
Mailing Address 2134 Tobaccoville Rd			07 31 2014
			Amount
City	State	Zip Code	27.50
Rural Hall	NC	27045	Transaction ID: 4694c0ad-5481-4f09-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement For: Primary General
Full Name of Payee			Date of Public Distribution/Dissemination
Casey Stockton			07
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	40.00
Spruce Pine	NC	28777	Transaction ID : bb8df879-5cbe-4089-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		67.50
//s) CURTOTAL of Heitagrical Independent Fundamental	an dike wa		
(b) SUBTOTAL of Unitermized Independent Exp	enalures		
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08
z.g			

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 4 OF 7 FOR SE OF FORM 24/48	•
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	R ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Disseminatio	n
Casey Stockton			07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 105 South Dale St			Amount	
City	State	Zip Code	21.3	30
Spruce Pine	NC	28777	Transaction ID : bcd56b92-29b5-498c- Date of Disbursement or Obligation	a
Purpose of Expenditure Mileage		Category/ Type 002	07	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	0
Ms. Kay Hagan		X Oppose	President Senate State: NO	
Calendar Year-To-Date Per Election for Office Sought	, , ,	203299.49	Disbursement For: Primary General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General Genera	eral
Full Name of Payee			Date of Public Distribution/Dissemination	n
Mary Johnson			07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	- Y
Mailing Address 105 South Dale St			Amount	
City	State	Zip Code	40.00	
Spruce Pine	NC	28777	Transaction ID : 57f1e28a-30e5-4cc6-a Date of Disbursement or Obligation	_
Purpose of Expenditure Salary		Category/ Type 001	07 31 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	0
Ms. Kay Hagan		X Oppose	President Senate State: No	
Calendar Year-To-Date Per Election for Office Sought	7 7	203299.49	Disbursement For: Primary Gen 2014 Gen Other (specify) ▶	eral
(a) SUBTOTAL of Itemized Independent Expen	ditures		61.30	\neg
(a) CODIC ME OF NOTICE MAGRICULE EXPORT	unu 00		01.00	_
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08	
•				

Schedule E)	LIVI LXI LIVL	TIONES	PAGE 5 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Haley Brown			07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 344 Natalie Drive			Amount
City	State	Zip Code	20.00
Winston-Salem	NC	27030	Transaction ID : f510a702-d2dc-4e1c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 31 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,.,	203299.49	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Mr. Haley Brown			07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 344 Natalie Drive			Amount
City	State	Zip Code	5.40
Winston-Salem	NC	27030	Transaction ID : 92172cb8-c416-4c07-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-,-,-	203299.49	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		. 25.40
(a) 20212 of non-zer maspendent 2.,pen.			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			· • • • • • • • • • • • • • • • • • • •
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 04 2014
g			

Schedule E)		1101.20		PAGE 6 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				M = M / D = D / Y = Y = Y
	X New repo	ort Amends rep	port filed on	
Full Name of Payee Matt Gleb			Da	ate of Public Distribution/Dissemination
Mailing Address 3815 Robin Road			Ar	07 31 2014 mount
				mount
	State	Zip Code		13.00
Ayden	NC	28513		ransaction ID: c4cf4271-9119-4f48-a ate of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00	_	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office So	ought: House District: 00
Ms. Kay Hagan		X Oppose		esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	203299.49	Disburser 2014	ment For:
Full Name of Payee			Di	ate of Public Distribution/Dissemination
Matt Gleb				07 31 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3815 Robin Road				0/ 31 2014
			Aı	mount
City	State	Zip Code		10.50
	NC	28513	Tra	ansaction ID : 9b0bfd45-fe3e-40b1-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	2	07 / 31 / Y 2014
Name of Federal Candidate		Support	Office Sc	ought: House District: 00
Ms. Kay Hagan		X Oppose	Pre	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disburse 2014	ment For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			▶	23.50
(b) SUBTOTAL of Unitemized Independent Expenditures	?S		··· •	
(c) TOTAL Independent Expenditures			···· \	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Da	te 08	/ 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	INDEPENDENT	LXF LINDI	TOTILS		PAGE 7 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full))				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PA	AC .				C C00530766
Check if 24-hour report	X 48-hour report	New repo	ort Amends	report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee					Date of Public Distribution/Dissemination
Steven Best					07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 103 Washir	ngton Ave				Amount
City		State	Zip Code		40.00
Newport		NC	28570		Transaction ID: 65aed1ed-322d-4775-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type	001	07 31 / 2014
Name of Federal Candidate			Suppor	rt Office	e Sought: House District: 00
Ms. Kay Hagan			X Oppose		President State: NC
Calendar Year-To-Date Per Election for Office S	Sought	2	03299.49	Disbu 2014	orsement For: Primary
Full Name of Payee					Date of Public Distribution/Dissemination
Steven Best					07
Mailing Address 103 Wash	hington Ave				Amount
City	(State	Zip Code		4.23
Newport		NC	28570		Transaction ID: 2758949d-6a73-4f2a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type	002	07 31 7 2014
Name of Federal Candidate			Suppo	rt Offic	e Sought: House District: 00
Ms. Kay Hagan			X Oppos		President State: NC
Calendar Year-To-Date Per Election for Office S	Sought		203299.49	Disb 2014	ursement For:
(a) SUBTOTAL of Itemized Ir	ndependent Expenditures				44.23
(b) SUBTOTAL of Unitemized	Independent Expenditure	es		······ >	
(c) TOTAL Independent Expe	enditures			······ >	
	gestion of, any candidate	or authorized			ade in cooperation, consultation, or concert r, or (if the reporting entity is not a political
Ms. Emily Buchan	an	[Electroni	cally Filed]		04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	LIVI EXI EIVE	TIONES	PAC FOR	GE 8 OF 71 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	IFICATION NUMBER ▼
Women Speak Out PAC			C C005	330766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Dis	tribution/Dissemination
Caleb Craig				31 2014
Mailing Address 1410 Bushville drive			Amount	
City	State	Zip Code		80.00
Lenoir	NC	28645	Transaction ID : 9 Date of Disbursem	655be48-9126-4319-8 ent or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D	31 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Ms. Kay Hagan		X Oppose		enate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	203299.49	Disbursement For: 2014 Other (specify)	Primary
Full Name of Payee			Date of Public Dis	tribution/Dissemination
Caleb Craig			07 / D	31 / 2014
Mailing Address 1410 Bushville drive			Amount	
City	State	Zip Code		17.40
Lenoir	NC	28645	Transaction ID : 66 Date of Disbursem	ie84246-4694-4f9b-9 nent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / D	31 / 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Ms. Kay Hagan		Oppose	President S	
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement For: 2014 Other (specify	Primary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures			97.40
			7	4
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	4
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 04	2014
•				

Schedule E)	EXI EIVE			PAGE 9 OF FOR SE OF FORM 2	71
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUM	
Women Speak Out PAC				C C00530766	
Check if 24-hour report X 48-hour report	New repo	ort Amends rep	ort filed on		Y
Full Name of Payee Jeremy Hollar					YY
Mailing Address 121 Meadowview Drive			Amou	07 31 201 int	4
City	State	7in Codo			10.00
City Boone	NC	Zip Code 28607		saction ID : 6091995f-32d4-41 of Disbursement or Obligation	40.00 da-a
Purpose of Expenditure Salary		Category/ Type 001		07 31 7 20	
Name of Federal Candidate		Support	Office Sough	nt: House District:	00
Ms. Kay Hagan		Oppose	Presid	ent State:	NC
Calendar Year-To-Date Per Election for Office Sought	, 2	203299.49	Disbursemer 2014	nt For:	General
Full Name of Payee			Date	of Public Distribution/Dissemir	ation
Jeremy Hollar				07 31 Y 20	14
Mailing Address 121 Meadowview Drive			Amou	نالنالن	
City	State	Zip Code	— r	1	7.40
Boone	NC	28607		action ID : ef91e781-e012-400 of Disbursement or Obligation	8-a
Purpose of Expenditure Mileage		Category/ Type 002	$\Box \mid \Box$	07 31 7 201	
Name of Federal Candidate		Support	Office Soug	nt: House District:	00
Ms. Kay Hagan		X Oppose	Presid		NC
Calendar Year-To-Date Per Election for Office Sought	, ,	203299.49	Disburseme 2014	nt For:	General
(a) SUBTOTAL of Itemized Independent Expenditures.				57.4	40
,				7 7 7 7	
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		··· >	7 7 7 7	
(c) TOTAL Independent Expenditures			··· •	7 1 7 1 7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized				
Ms. Emily Buchanan	[Electron	ically Filed] Dat	e 08	04 2014	
Signature					

	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report file	d on
	Full Name of Payee	Date of Public Distribution/Dissemination
	Steven Jean	07 31 2014
	Mailing Address 2012 Harrison Ave	Amount
	City State Zip Code	80.00
	Winston Salem NC 27105	Transaction ID : 6ca145ea-7ca4-4b15-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	ce Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb. 203299.49 203299.49	oursement For: Primary X General
	Per Liection for Office Sought	Other (specify) ▶
	Full Name of Payee Steven Jean	Date of Public Distribution/Dissemination
	Mailing Address 2012 Harrison Ave	07 31 2014 Amount
	City State Zip Code	9,00
	Winston Salem NC 27105	Transaction ID : 6afc8ad3-72cc-47db-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 31 2014
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disk 203299.49	oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	89.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
		08 04 2014
	Signature	

PAGE 10

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Schedule E)	LINGEITI DA DITO.	TOTILO		PAGE 11 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour	report X New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
	eport Nicon John	OIL AIIIGING TOPO	It liled on	
Full Name of Payee Antoinette Franklin			Date of Publi	c Distribution/Dissemination
Mailing Address 8822 Apple St			Amount	
City	State	Zip Code		45.00
New Orleans	LA	70188		ID : ef8893c5-adfc-4725-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 07	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		79881.18	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Virginia M Stevens Mailing Address 1691 Fork Mtn Rd			Date of Publi	c Distribution/Dissemination
				70.00
City Bakersville	State NC	Zip Code 28705	Transaction II	70.00 D: 7bb672ec-4e6d-4c37-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disb	/ 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement For: 2014 Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures		•	115.00
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		•	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	08 04	/ Y Y Y Y Y 2014
Signature		_		

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Virginia M Stevens	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1691 Fork Mtn Rd	Amount
	City State Zip Code	30.30
	Bakersville NC 28705	Transaction ID : f6b5fafb-1950-4409-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbt 203299.49 Disbt 2014	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee Malinda Ledford	Date of Public Distribution/Dissemination
	Mailing Address 44 Bell Street Ext	07 31 2014 Amount
	City State Zip Code	70.00
	Spruce Pine NC 28777	Transaction ID : e4c88ffb-7c0f-402c-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 31 / 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	100.30
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		08 04 2014
	Signature	للنتا لنا ك

PAGE 12

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Schedule E)	LIVI EXI LIVE	TIONES	PAGE 13 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination
Mailing Address 44 Bell Street Ext			07 31 7 2014
44 Boll Officer Ext			Amount
City	State	Zip Code	30.30
Spruce Pine	NC	28777	Transaction ID: 6bf0c898-6854-446f-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	203299.49	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Kassidy L Tyer			07 31 2014
Mailing Address 41 Hawk Hollow Trail			Amount
City	State	Zip Code	25.00
Burgaw	NC	28425	Transaction ID: 11f2db54-09fb-47eb-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	203299.49	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expen	ditures		55.30
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08

Schedule E)	INT EXI END	TI OTILO		PAGE 14 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			L	0 00000700
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Kassidy L Tyer			0	7 31 2014
Mailing Address 41 Hawk Hollow Trail			Amount	
City	State	Zip Code		12.60
Burgaw	NC	28425		ction ID : 5d705fe9-ee86-4cd5-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 0	7 31 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	Presiden	t Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement 2014 Oth	For: Primary X General er (specify) ►
Full Name of Payee			Date of	Public Distribution/Dissemination
Ralphie Lockhart				07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6310 Col Glenn Rd				لىنى لنا ك
			Amount	
City	State	Zip Code		45.00
Little Rock	AR	72204	Transact Date of	tion ID : 10e3d7c9-d716-4e06-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		7 31 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		47959.91	Disbursement 2014 Oth	For: Primary
(a) SUBTOTAL of Itemized Independent Expend	itures		•	57.60
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electro	nically Filed] Date		04 2014
Signature		_		

Schedule E)	IDENT EXTENT	JII OILLO	PAGE 15 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	ort New re	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
OBrian Price			07 31 7 2014
Mailing Address 2400 Covenant Cove			Amount
City	State	Zip Code	45.00
Little Rock	AR	72204	Transaction ID: 915dc27c-04c9-44ef-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		47959.91	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
OBrian Price			07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2400 Covenant Cove			Amount
City	State	Zip Code	9.60
Little Rock	AR	72204	Transaction ID: 0ffea692-4b32-4fdd-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		47959.91	Disbursement For:
(a) SUBTOTAL of Itemized Independent Exp.	enditures		54.60
			7 7 7
(b) SUBTOTAL of Unitemized Independent E	xpenditures		>
(c) TOTAL Independent Expenditures			-
	candidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08
•			

Schedule E)	INI EXI ENL	ON ONES	PAGE 16 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Larry Freeman			07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11214 Mesa drive			Amount
City	State	Zip Code	45.00
Little rock	AR	72211	Transaction ID : 31c04307-56dd-4fb7-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		47959.91	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Theresa A Touchet			07 31 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 102 French Street #3			Amount
City	State	Zip Code	11.00
New Orleans	NC	70124	Transaction ID: 769666ba-fd17-4b3d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	79881.18	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures		▶ 56.00
(b) SUBTOTAL of Uniternized Independent Exper	ditures		
(4, 332.33.23.23.23.23.23.23.23.23.23.23.23.			Agr. Agr. Agr. Agr.
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 / 04 / 2014
-			

Schedule E)		1101120		PAGE 17 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
			M = M	/ D D / Y Y Y Y
Check if 24-hour report X 48-hour rep	port New repo	ort Amends repo	ort filed on	
Full Name of Payee Theresa A Touchet			М = М	blic Distribution/Dissemination
Mailing Address 102 French Street #3			07 Amount	31 2014
- CVI.	Otata	70.004		0.20
City New Orleans	State NC	Zip Code 70124		0.30 In ID : 6663f66c-5dcd-48bd-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Dis	sbursement or Obligation /
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		79881.18	Disbursement Form 2014 Other (: Primary
Full Name of Payee Barbara A Williams				blic Distribution/Dissemination
Marking Address			07	31 / 2014
Mailing Address 3002 Darden Rd			Amount	
Apt A City	State	Zip Code		100.00
Greensboro	NC	27407	Transaction Date of Dis	n ID : f62940e4-ad6a-4d0b-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement For 2014 Other	: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	penditures		•	100.30
(b) SUBTOTAL of Unitemized Independent I	Expenditures		· •	
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the in- with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / D = 04	
Signature				

Schedule I					PAGE 18 OF 71 FOR SE OF FORM 24/48
	DMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	Speak Out PAC				C C00530766
					M / D D / Y Y Y Y
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	
	of Payee Sca Blom				of Public Distribution/Dissemination
	ddress 101 Asbury Ct				07 31 2014
	101 Asbury Ct			Amou	nt
City		State	Zip Code		80.00
Winchest	er	VA	22602		action ID: 6a0b2698-874f-4ff5-9 of Disbursement or Obligation
Purpose of Salary	of Expenditure		Category/ Type 001		07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay I	Hagan		X Oppose	Preside	NO.
	ndar Year-To-Date Election for Office Sought	2	203299.49	Disbursemen 2014 O	t For: Primary ⊠ General ther (specify) ▶
	e of Payee			<u> </u>	of Public Distribution/Dissemination
Elizab	eth Hanks			T.	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing A	ddress 891 W. Melmar				07 01 2014
				Amou	nt
City		State	Zip Code		30.00
Fayettev		AR	72703	Transa Date	oction ID: 997e0a96-e93d-4193-b of Disbursement or Obligation
Purpose of Salary	of Expenditure		Category/ Type 001		07 31 / 2014
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark	L Pryor		X Oppose	Preside	ent Senate State: AR
	ndar Year-To-Date Election for Office Sought		47959.91	Disbursemer 2014	t For:
_					
(a) SUBTO	OTAL of Itemized Independent Expendite	ures		•	110.00
(b) SUBTO	DTAL of Unitemized Independent Expen	ditures		. •	
(c) TOTAL	Independent Expenditures				
with, or at	alty of perjury I certify that the indepen the request or suggestion of, any candi nittee) any political party committee or i	date or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 08	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signatu	re				

	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
٦	Full Name of Payee	Date of Public Distribution/Dissemination
	Elizabeth Hanks	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 891 W. Melmar	Amount
	City State Zip Code	9.30
	Fayetteville AR 72703	Transaction ID: 189f478b-6c30-43c6-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	47050.04	ursement For: Primary X General
	Per Election for Office Sought 47959.91 2014	Other (specify) ▶
	Full Name of Payee Anthony Pearson	Date of Public Distribution/Dissemination
	Mailing Address 112 anache Dr	07 31 2014
	Mailing Address 112 apache Dr	Amount
	City State Zip Code	15.00
	Search AR 72149	Transaction ID: 0e29b8d9-c2a7-4157-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 31 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	24.30
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		8 04 2014
	Signature	

PAGE 19

OF

Schedule E)	VI EXI EIVE	TIONES	PAGE 20 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination
Mailing Address 112 apache Dr			07 31 2014 Amount
City	State	Zip Code	7.95
Search	AR	72149	Transaction ID : ddcb48d1-3fbf-4a9e-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 31 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	47959.91	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Corey Miller			07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8617 Riley Hills Rd			Amount
City	State	Zip Code	40.00
Zebulon	NC	27597	Transaction ID: 93b26933-3aa6-4924-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 31 Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	203299.49	Disbursement For: Primary ☐ General Other (specify) ☐
(a) SUBTOTAL of Itemized Independent Expenditu	res		. • 47.95
(b) SUBTOTAL of Unitermized Independent Expendent	litures		- >
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 04 2014
Olynature			

Schedule E)	. EXI EIID			PAGE 21 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	7 0 0 7 7 7 7 7 7
Full Name of Payee Corey Miller				f Public Distribution/Dissemination
Mailing Address 8617 Riley Hills Rd				07 31 2014
OUT/ Kiley Hills Ku			Amour	nt
City	State	Zip Code		15.00
Zebulon	NC	27597		action ID: e328b858-f01e-4a71-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 31 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 2	203299.49	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date o	of Public Distribution/Dissemination
Andrea Melton				07 31 2014
Mailing Address 4015 Village Place				0. 0. 2011
			Amour	nt
City	State	Zip Code		15.00
Winston-Salem	NC	27127	Transac Date of	ction ID : 7c7dd203-3941-4fcc-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	07
Name of Federal Candidate		Support	Office Sought	t: House District:00
Ms. Kay Hagan		Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	203299.49	Disbursement 2014 Ot	t For: Primary X General
-				
(a) SUBTOTAL of Itemized Independent Expenditure	s		•	30.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures			
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	08	04
Signature		_		

Schedule E)	II EXI END			PAGE 22 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Andrea Melton			Date of	Public Distribution/Dissemination
Mailing Address 4015 Village Place			O Amount	7 31 2014
City	Ctata	7in Code		7.00
City Winston-Salem	State NC	Zip Code 27127		7.80 ction ID : c54722c2-1e6f-42e1-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date 61	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	Presiden	t Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	203299.49	Disbursement I 2014 Oth	For: Primary
Full Name of Payee Bonnie C Blackburn Mailing Address 2261 King George Ct.			Date of 0	7 31 2014
City	State	Zip Code		15.00
Winston-Salem	NC	27103	Transact Date of	ion ID : bbf85dcf-819a-4d35-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	0	7 31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presiden	t Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	77	203299.49	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		.	22.80
(b) SUBTOTAL of Unitemized Independent Expendent	tures		•	7.1.7.1.5.1
(c) TOTAL Independent Expenditures			•	4 1 4 1 4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		04 2014
Signature				

oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Eric J Smith	07 31 2014
Mailing Address 4967 Dysartville Amo	punt
City State Zip Code	80.00
Morganton NC 28655 Tran	nsaction ID : fea6b9e5-ac04-42a9-8 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ght: House District: 00
Ms. Kay Hagan	N
Calendar Year-To-Date Per Election for Office Sought Disburseme 201299.49 Disburseme 2014	
	Other (specify)
Eric J Smith	e of Public Distribution/Dissemination 07 31 2014
Mailing Address 4967 Dysartville Amo	
City State Zip Code	5.40
Morganton NC 28655 Trans	saction ID : c5fab130-a7d3-4ee3-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ght: House District: 00
Ms. Kay Hagan Presi	ident State: NC
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	85.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	04 2014
Signature	

PAGE 23

OF

Schedule E)	DENT EXICIO	HONES	PAGE 24 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer E Smith			07 31 7 2014
Mailing Address 4967 Dysartsville Rd			Amount
City	State	Zip Code	80.00
Morganton	NC	28655	Transaction ID: bdaa7d76-f262-453c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 31 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Solveig Lysne			07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7121 Oyster Lane			Amount
City	State	Zip Code	52.40
Wilmington	NC	28411	Transaction ID : fbea7a5c-8674-4572-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 31 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		132.40
(b) SUBTOTAL of Unitemized Independent Ex	penditures)
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 04 2014
Signaturo			

Schedule E)	DENT EXTEND	ITOTILO	PAGE 25 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Solveig Lysne			07 31 2014
Mailing Address 7121 Oyster Lane			Amount
City	State	Zip Code	5.67
Wilmington	NC	28411	Transaction ID: 33e0c631-6691-437a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 31 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement For:
Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination
Mailing Address 111 Westchester Blvd			07 31 7 2014
Apt D4			Amount
City	State	Zip Code	21.00
Slidell	LA	70458	Transaction ID : 2f9309c3-6a36-4e7d-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 31 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		79881.18	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		26.67
(b) SUBTOTAL of Unitemized Independent Ex	penditures)
(c) TOTAL Independent Expenditures			>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08
•			

Schedule E)	INI EXI ENE	JITONES	PAGE 26 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee	/		Date of Public Distribution/Dissemination
Vonniqua Jackson			07 31 Y 2014
Mailing Address 111 Westchester Blvd			Amount
Apt D4	Stata	Zin Codo	0.00
City Slidell	State LA	Zip Code 70458	0.90 Transaction ID : 36704e80-2537-4a98-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 31 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		79881.18	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Jennie Butler			07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1676 Shady Creek Rd			Amount
City	State	Zip Code	35.00
Ayden	NC	28513	Transaction ID: 0630800b-a8bc-4601-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		35.90
(b) SUBTOTAL of Unitemized Independent Expen	ditures		
			4 4
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08
3. 3			

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report X 48-hour report New report Amends report filed		= M	/ D = D /	Y Y Y Y
Т	Full Name of Payee	Date o	of Pub	lic Distribution/	Dissemination
	Jennie Butler		07 ^M	31	2014
	Mailing Address 1676 Shady Creek Rd	Amour	nt		
ŀ	City State Zip Code				16.50
	Ayden NC 28513			ID: 6cd1879e	e-91c7-4c1d-a
	Purpose of Expenditure Mileage Category/ Type 002	М	07	31	2014
ı	Name of Federal Candidate Support Office	Sought	t:	House	District:00
	Ms Kay Hagan	Preside		Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 201299.49	rsement		Primary specify) ▶	General
ŀ	Full Name of Payer				(D: ::
	Full Name of Payee Allie Butler	Date o		olic Distribution	Dissemination 2014
	Mailing Address 1676 Shady Creek Rd	Amour	-	01	2014
ŀ	City State Zip Code				35.00
				ID: 290e9526- bursement or (
	Purpose of Expenditure Salary Category/ Type 001	M	07 ^M	31	2014
ľ	Name of Federal Candidate Support Office	Sought	t:	House	District: 00
	Ms. Kay Hagan Oppose	Preside	ent	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 203299.49 Disbu 2014	rsement		Primary specify) ▶	General
((a) SUBTOTAL of Itemized Independent Expenditures		-7	7	51.50
((b) SUBTOTAL of Unitemized Independent Expenditures	Ľ.		7	
((c) TOTAL Independent Expenditures		-7	7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 08	M / B	04	D / Y Y 201	4
	Signature				

PAGE

OF

Schedule E)	DEITI EXI EITD	TIONES	PAGE 28 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee Emily Butler			Date of Public Distribution/Dissemination
Mailing Address 1676 Shady Creek Rd			07 31 2014
			Amount
City	State	Zip Code	37.50
Ayden	NC	28513	Transaction ID: 8afa9b13-8ee8-4a2f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			07
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	80.00
Shreveport	LA	71119	Transaction ID: e493ea5f-0b90-457e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 31 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		79881.18	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		117.50
(b) SUBTOTAL of Unitemized Independent Ex	penditures		
			7 7 7
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08

Schedule E)	EXI EIID			PAGE 29 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee Lily Green				f Public Distribution/Dissemination
				07 31 2014
Mailing Address 205 Medallion Circle			Amoun	t
City	State	Zip Code		22.50
Shreveport	LA	71119		ction ID: 78e20300-2c43-48ed-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	07
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	F	79881.18	Disbursement 2014 Ott	For: Primary ⊠ General
Full Name of Payee				f Public Distribution/Dissemination
Tylan S Green				07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2320 Saint Nick Dr			Amour	nt .
City	State	Zip Code		70.00
New Orleans	LA	70131	Transac Date o	ction ID : d337a319-e5e2-445b-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	07 31 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement 2014 Ot	For: Primary
() QUETOTAL ()				
(a) SUBTOTAL of Itemized Independent Expenditures	\$		•	92.50
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· •	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	08	04 / Y = Y = Y = Y = Y = Y
Signature				

Schedule E)	DENT EXILITIES			PAGE 30 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report X 48-hour report	rt New rep	ort Amends repo	ort filed on	/ / D = D / Y = Y = Y
	T TYCW TOP	ort Amenda repo	Transaction I	
Full Name of Payee Tylan S Green			Date of F	
Mailing Address 2320 Saint Nick Dr			Amount	
City	State	Zip Code		10.50
New Orleans	LA	70131		ion ID: a71ae1d4-4f8b-456b-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	203299.49	Disbursement For 2014 Other	or:
Full Name of Payee			Date of F	Public Distribution/Dissemination
Jeffrey Hampton			07	
Mailing Address 1700 E Part Ave			Amount	
City	State	Zip Code		22.50
Searcy	AR	72149		on ID: 67929e35-8ef9-4e46-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 07	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		47959.91	Disbursement Fe 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expe	ndituras			33.00
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPE	natures			33.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures		. •	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		04 2014
Signature		_		

Schedule E)	LIVI EXI EIVI	DITORLO	PAGE 31 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeffrey Hampton			07
Mailing Address 1700 E Part Ave			Amount
City	State	Zip Code	23.64
Searcy	AR	72149	Transaction ID: 2332bc07-0ffd-42f2-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	47959.91	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Kelly Dolan			07 31 7 2014
Mailing Address 543 S 2nd St			Amount
City	State	Zip Code	70.00
Bellaire	NC	77401	Transaction ID: 50dd4f59-6d3a-4eb8-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	203299.49	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		93.64
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08
J			

Schedule E)	INI EXI END	HONES	PAGE 32 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Kelly Dolan			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 543 S 2nd St			Amount
City	State	Zip Code	10.20
Bellaire	NC	77401	Transaction ID: 0748dd12-e6f0-459e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 31 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	203299.49	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Dylan Simon			07 31 2014
Mailing Address 111 Millrock Drive			Amount
City	State	Zip Code	31.33
Lafayette	LA	70508	Transaction ID: 8493f4e3-e594-4a90-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	203299.49	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		41.53
(4)			7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			·
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 04 7 2014
-			

Schedule E)	DENT EXICID	ITOTILO	PAGE 33 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Dylan Simon			07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 111 Millrock Drive			Amount
City	State	Zip Code	4.11
Lafayette	LA	70508	Transaction ID : b8228029-a1ec-45c0-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 31 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	203299.49	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Chassidy Menard			07 31 7 2014
Mailing Address 515 Walter Dr.			Amount
City	State	Zip Code	10.00
Lafayette	LA	70507	Transaction ID : e4a4df4d-b13c-4bc7-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 31 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		79881.18	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		. ▶ 14.11
(b) SUBTOTAL of Unitemized Independent E	xpenditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 04 7 2014
3			

Sc	hedule E)	I LAFLIND	ITORES		PAGE 34 OF 71 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
T	Full Name of Payee Ms. Chassidy Menard			Date	e of Public Distribution/Dissemination
ŀ	Mailing Address 515 Walter Dr.			Amo	07 31 2014 punt
ŀ	City	State	Zip Code	—-	2.10
	Lafayette	LA	70507		nsaction ID : bc122b3a-afb2-468a-9 e of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		07 31 2014
ľ	Name of Federal Candidate		Support	Office Souc	ght: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presi	
	Calendar Year-To-Date Per Election for Office Sought		79881.18	Disburseme 2014	ent For:
ľ	Full Name of Payee			Date	e of Public Distribution/Dissemination
	Cory Bryson				07 31 / 2014
	Mailing Address 216 Dogwood Ln			Amo	ount
ľ	City	State	Zip Code		105.00
-	Purpose of Expenditure	NC	28012		saction ID: db60bf1d-318a-4bdf-9 e of Disbursement or Obligation
	Salary		Category/ Type 001		07 31 2014
	Name of Federal Candidate		Support	Office Sou	ght: House District: 00
	Ms. Kay Hagan		Oppose	Presi	ident X Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, ,	203299.49	Disburseme 2014	ent For: Primary
((a) SUBTOTAL of Itemized Independent Expenditure	S		·· •	107.10
((b) SUBTOTAL of Unitemized Independent Expenditu	ures		·· •	7 1 7 1 7
((c) TOTAL Independent Expenditures			·- - -	7 7 7
٧	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	e 08	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	LINDLINI EXPENDI	TOTILS	PAGE 35 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour	report New repo	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cory Bryson			07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 216 Dogwood Ln			Amount
City	State	Zip Code	24.90
Belmont	NC	28012	Transaction ID: 7592c058-12a1-48f2-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 31 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	03299.49	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Barbara E Spritz			07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3346 Durham St Ext			Amount
City	State	Zip Code	50.00
Burlington	NC	27217	Transaction ID : fabc6fdb-97f6-426c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 31 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures		74.90
	•		
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		· •
(c) TOTAL Independent Expenditures			•
	any candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08
-			

Schedule E)		PAGE 36 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	v report Amends report fi	iled on Mam / Dab / Yayayay
Full Name of Payee Barbara E Spritz		Date of Public Distribution/Dissemination
Mailing Address 3346 Durham St Ext		07 31 / 2014
oo oo banan ot Ext		Amount
City State	Zip Code	3.30
Burlington NC	27217	Transaction ID : dbc885ee-5b16-4450-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07
Name of Federal Candidate	Support O	ffice Sought: House District:00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary X General 114 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Barbara E Spritz		07 31 / Y Y Y Y Y Y
Mailing Address 3346 Durham St Ext		Amount
City	7in Code	50.00
City State Burlington NC	Zip Code 27217	Transaction ID : 68d5d000-5760-4d88-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 31 / 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
(a) CURTOTAL of Hamilton Indonesial Europeditures		5000
(a) SUBTOTAL of Itemized Independent Expenditures	·······	53.30
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent expendir with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Ele	ectronically Filed] Date	08 04 2014
Signature		

Schedule E)	DENT EXPEND	TIONES	PAGE 37 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	port Amends repo	rt filed on
Full Name of Payee Barbara E Spritz			Date of Public Distribution/Dissemination
Mailing Address 3346 Durham St Ext			07 31 2014 Amount
O'th-	01-1-	7:- O-1-	
City Burlington	State NC	Zip Code 27217	3.30 Transaction ID : 7ab5e50f-d64a-44aa-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			07 31 2014 Amount
City	State	Zip Code	55.00
Greensboro	NC	27407	Transaction ID: 8958a0e8-c845-4c3a-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 31 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		. ▶ 58.30
(b) SUBTOTAL of Unitemized Independent Ex	penditures		. •
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electron	nically Filed] Date	08

Schedule E)	I EXI END	II OI LO		PAGE 38 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Phillip Williams			M	
Mailing Address 3007 Darden Rd			O7	31 2014
City	State	Zip Code		10.80
Greensboro	NC	27407		tion ID : 5f26d595-a959-4490-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 07	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement F 2014 Othe	for: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Beverly Williams			07	
Mailing Address 3007 Darden Rd				0. 2011
			Amount	
City	State	Zip Code		55.00
Greensboro	NC	27407		on ID: 1985c284-b558-4628-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 07	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	77	203299.49	Disbursement F 2014 Other	For: Primary General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	·S		• •	65.80
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· •	7
(c) TOTAL Independent Expenditures			·	7.1.7.1.2.1
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		04
Signature				

Schedule E)	ENT EXILE	DITORILO	PAGE 39 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jon Linch			07
Mailing Address 6108 Harkins Ave			Amount
City	State	Zip Code	70.00
Little Rock	AR	72210	Transaction ID: 83e79a0f-87b4-4fba-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		47959.91	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jon Linch			07 31 / 2014
Mailing Address 6108 Harkins Ave			Amount
City	State	Zip Code	29.10
Little Rock	AR	72210	Transaction ID: 805badb1-bd42-4c10-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 31 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		47959.91	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		99.10
			7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			>
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	08
- 3			

Schedule E)	LIVI EXI ENL	JITONES	PAGE 40 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cassidy Quartararo			07
Mailing Address 632 Cameron Court			Amount
City	State	Zip Code	65.00
Kenner	LA	70065	Transaction ID : 2b8f9030-e4d6-44eb-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		79881.18	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Cassidy Quartararo			07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 632 Cameron Court			Amount
City	State	Zip Code	11.67
Kenner	LA	70065	Transaction ID : ea8aabfd-99ba-42cc-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	- 7 7	79881.18	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		76.67
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08

Sch	edule E)	EXI EIID	TOTILO		PAGE 41 OF 71 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
					M = M / D = D / Y = Y = Y
Chec	k if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	
F	Full Name of Payee Theresa Burkhart				of Public Distribution/Dissemination
	Mailing Address 3126 Chester Ct			— L	07 31 2014
ı	o o o o o o o o o o o o o o o o o o o			Amou	unt
	Dity	State	Zip Code		65.00
	Metairie	LA	70006		saction ID: 95e95160-d552-4bff-a of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		07 31 2014
1	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	lent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , , ,	79881.18	Disbursemen 2014	nt For:
	Full Name of Payee			Date	of Public Distribution/Dissemination
Т	Lee R Carter				07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Mailing Address 3110 Brentwood Rd				للنبا لنا لن
ı				Amo	unt
(City	State	Zip Code		60.00
	Raleigh	NC	27604	Trans Date	action ID: db61418d-ada9-47d4-b of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001] [07 31 2014
	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
L	Ms. Kay Hagan		X Oppose	Presid	dent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	203299.49	Disburseme 2014	nt For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	s		. ▶	125.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· •	
(с) TOTAL Independent Expenditures				1 7 1 1 7 1 1 7
wi	nder penalty of perjury I certify that the independer th, or at the request or suggestion of, any candidat arty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 08	04 2014
	Signature				

Schedule E)				PAGE 42 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee Lee R Carter				f Public Distribution/Dissemination
Mailing Address 3110 Brentwood Rd				07 31 2014
STIO DIGITIWOOD NO			Amour	nt
City	State	Zip Code		4.50
Raleigh	NC	27604		action ID: d2224a5a-151a-4f6c-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 / 31 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	NO.
Calendar Year-To-Date Per Election for Office Sought	2	203299.49	Disbursement 2014 Ot	For: Primary
Full Name of Payee				of Public Distribution/Dissemination
Diane Smith				07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4006 Wolkswalk Place				
			Amour	nt
City	State	Zip Code		30.00
Raleigh	NC	27610	Transac Date o	ction ID: f5934508-59e6-4c03-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	07 31 Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement 2014 Ot	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	34.50
(b) SUBTOTAL of Unitemized Independent Expenditu	ires			1 42 1 1 42 1 1 42 1
(c) TOTAL Independent Expenditures			·	7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	08	04 2014
Signature		_		

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report f	illed on M M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Diane Smith	07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4006 Wolkswalk Place	Amount
City State Zip Code	9.00
Raleigh NC 27610	Transaction ID: 7283c778-9add-46f1-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07
Name of Federal Candidate Support C	office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Odiolidai icai lo Dato	isbursement For: Primary General Other (specify) ▶
Full Name of Payer	
Full Name of Payee Laura U Logie	Date of Public Distribution/Dissemination 07 07 07 07 07
Mailing Address 2565 Shire Circle	Amount
City State Zip Code	40.00
Harrisonburg VA 22801	Transaction ID: 45000c72-71e1-48e9-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07
Name of Federal Candidate Support C	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
	Other (specify) Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	49.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	08 04 2014
Signature	

PAGE

43

OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Sarinda S Dudley	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4367 Splitlog Rd	Amount
	City State Zip Code	30.00
	Goodman MO 64843	Transaction ID : 57d84e62-ffad-4e81-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	47050.04	ursement For: Primary X General
	Per Election for Office Sought 47959.91 2014	Other (specify) ▶
	Full Name of Payee Sarinda S Dudley	Date of Public Distribution/Dissemination
	Mailing Address 4367 Splitlog Rd	07 31 2014 Amount
	City State Zip Code	24.00
	Goodman MO 64843	Transaction ID: 9f8efc5a-1353-4bb8-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type O02	07 31 Y 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	54.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	CT71 II T71 I7	NM / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

PAGE 44

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Schedule E)	ENT EXILIN	DITORILO	PAGE 45 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination
Mailing Address 9909 Treasure Hill Rd			07 31 / 2014
5 5555 Trouburo Filli Na			Amount
City	State	Zip Code	15.00
Little Rock	AR	72205	Transaction ID: b4c1cf31-7114-4844-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		47959.91	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Patrice Wolfe			07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9909 Treasure Hill Rd			Amount
City	State	Zip Code	3.00
Little Rock	AR	72205	Transaction ID : d66eec1d-dfa4-4c90-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 31 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		47959.91	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		18.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08
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Schedule E)	VI EXI EIVE	ATTOTILES	PAGE 46 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Alexa S Dudley			Date of Public Distribution/Dissemination
Mailing Address 4367 Splitlog Rd			07 31 2014
			Amount
City	State	Zip Code	30.00
Goodman	МО	64843	Transaction ID: 00a2d5a1-f932-4419-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 31 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	7	47959.91	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Alexa S Dudley			07 31 2014
Mailing Address 4367 Splitlog Rd			Amount
City	State	Zip Code	3.90
Goodman	MO	64843	Transaction ID: 15707a1e-913f-4c5e-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 31 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	7	47959.91	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		. ▶ 33.90
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		- >
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 04 7 2014
-			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Lisa Booth	07 31 2014
Mailing Address 1434 South Avenue Ame	ount
City State Zip Code	95.00
Eden NC 27288 Trai	nsaction ID: 9ab51151-f025-4738-b e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 31 7 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms Kay Hagan	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 203299.49 Disbursem 2014	
	Other (specify)
Full Name of Payee Dat Lisa Booth	te of Public Distribution/Dissemination
Mailing Address 1434 South Avenue Am	07 31 2014 ount
City State Zip Code	17.40
Eden NC 27288 Tran	saction ID : 73e817bd-f935-42dd-a te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ight: House District:00
Ms. Kay Hagan Oppose Pres	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 203299.49	nent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	112.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	/ 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 47

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outcadic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report	M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Christopher Marquess	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St	mount
City State Zip Code	35.00
Ville Platte LA 70586 Ti	ransaction ID: 14ebb47d-b5fa-4aea-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 31 7 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Oppose Pro	resident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary General
Full Name of Payee	Other (specify) Oate of Public Distribution/Dissemination
Christopher Marquess	07 31 2014
Mailing Address 110 W Pecan St	Amount
City State Zip Code	30.90
	ansaction ID: 8270a08d-ad8b-48c5-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 / 31 / 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms. Mary L Landrieu Oppose Pr	resident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	65.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	04 2014
Signature	

PAGE 48

OF

Schedu	ile E)	I EXI EIID			PAGE 49 OF 71 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y D D Y
	Name of Payee adley K Kissinger				of Public Distribution/Dissemination
Mailir	ng Address 3113 Imperial Valley Dr.			Amou	07 31 2014 nt
0.4			7 0 4		55.00
City Little	Rock	State AR	Zip Code 72212		55.00 saction ID : d31094e4-5c5f-4d81-8
Purpo Sala	ose of Expenditure ry		Category/ Type 001		of Disbursement or Obligation
Name	e of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. N	Mark L Pryor		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		47959.91	Disbursemen 2014 O	nt For: Primary
Bra	Name of Payee adley K Kissinger ng Address 3113 Imperial Valley Dr.				of Public Distribution/Dissemination
	3110 impenar valicy Dr.			Amou	ınt
City Little	e Rock	State AR	Zip Code 72212		12.30 action ID : fb22510f-38cb-423a-8
Purpo Mile:	ose of Expenditure age		Category/ Type 002		of Disbursement or Obligation
Name	e of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. N	Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	7 7	47959.91	Disbursemer 2014	nt For: Primary
(a) SL	JBTOTAL of Itemized Independent Expenditure)S		.	67.30
(b) SL	JBTOTAL of Unitemized Independent Expenditu	ures		· •	
(c) TC	OTAL Independent Expenditures			· [7 7
with, o	penalty of perjury I certify that the independe or at the request or suggestion of, any candidat committee) any political party committee or its	ite or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 08	04
Sig	nature				

Sch	edule E)	EXI ENDI	TOTILO			50 OF 71 OF FORM 24/48
	E OF COMMITTEE (In Full)					TION NUMBER ▼
Wo	omen Speak Out PAC				C C0053076	6
Check	k if 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	/	/ Y = Y = Y = Y
F	full Name of Payee			Date	of Public Distribution	on/Dissemination
	ERIC TABARY			[07 / 31	2014
IV	failing Address 6101 NORA ST			Amo	unt	
С	Sity	State	Zip Code			40.00
	METAIRIE	LA	70003		saction ID : d87fff9 of Disbursement o	00-f93d-4885-8
	urpose of Expenditure Salary		Category/ Type 001		07 / 31	2014
N	lame of Federal Candidate		Support	Office Soug	nt: House	District:00
N	Ms. Mary L Landrieu		X Oppose	Presid	lent Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		79881.18	Disburseme 2014	nt For: Prima Other (specify) ▶ _	ary X General
	Full Name of Payee ERIC TABARY			Date	of Public Distributi	
	As The Address			[07 / 31	2014
"	Mailing Address 6101 NORA ST			Amo	unt	
С	Dity	State	Zip Code	$ \Gamma$	1.00.1.1	0.90
	METAIRIE	LA	70003		action ID : 43c83d of Disbursement of	
	Purpose of Expenditure Mileage		Category/ Type 002	$\Box \mid \Box$	07 / 31	2014
	lame of Federal Candidate		Support	Office Soug	ht: House	District: 00
N	Ms. Mary L Landrieu		X Oppose	Presid		
	Calendar Year-To-Date Per Election for Office Sought		79881.18	Disburseme 2014	nt For: Prima Other (specify) ▶ _	ary X General
(2)	SUBTOTAL of Itemized Independent Expenditures.			, ,		40.90
(a)	TOOLINE OF REMIZED INDEPENDENT EXPENDITURES.			. •	7	40.30
(b)	SUBTOTAL of Unitemized Independent Expenditure	es		·· •		
(c)	TOTAL Independent Expenditures			· •		
wit	der penalty of perjury I certify that the independent h, or at the request or suggestion of, any candidate rty committee) any political party committee or its ac	or authorized				
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	e 08		2014
	Signature		_			

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report X 48-hour report New report Amends report filed		= M	/ D = D /	Y I Y I Y I Y
Т	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Melanie Slagle		07	31	2014
	Mailing Address 77 Southridge Drive	Amour	nt		
ŀ	City State Zip Code	Г.			12.00
	Spruce Pine NC 28777	Transa Date of	action of Disk	n ID: 65eb7881 bursement or C	-e8b7-46d7-b
	Purpose of Expenditure Salary Category/ Type 001		07 ^M	31	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Kay Hagan	Preside		Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 203299.49	rsemen		,	X General
ŀ	5 H.N. (D.			specify)	
	Full Name of Payee Melanie Slagle	Date of	- M	olic Distribution	Y Y Y Y Y
	Mailing Address 77 Southridge Drive	Amou	07 nt	31	2014
	City State Zip Code	_			6.00
	Spruce Pine NC 28777			ID: 1c9b4536- bursement or (ebe6-4828-a
	Purpose of Expenditure Mileage Category/ Type 002	M	07 ^M	31	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Kay Hagan Oppose	Preside	ent	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 203299.49			Primary specify) ▶	K General
((a) SUBTOTAL of Itemized Independent Expenditures			7	18.00
((b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures		3	7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 0	8 /	04	D / Y Y 201	4
	Signature				

PAGE 51

OF

Sch	edule E)	EXI ENDI	TOTILO		PAGE 52 OF 71 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
F	Full Name of Payee Francis Richardson				e of Public Distribution/Dissemination
1	Mailing Address 220 Doucet Rd			L	07 31 2014
				Amo	ount
(Dity	State	Zip Code		35.00
	Lafayette	LA	70503		nsaction ID : e861fefc-2b44-4165-b e of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		07 31 7 2014
1	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	ident X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	79881.18	Disburseme 2014	ent For: Primary General Other (specify)
	Full Name of Payee			Date	e of Public Distribution/Dissemination
	Francis Richardson				07 31 2014
	Mailing Address 220 Doucet Rd			Amo	
					oun.
	City Lafayette	State LA	Zip Code 70503	Trans	3.42 saction ID : 64f3c139-ce9c-46a9-9
	Purpose of Expenditure		Category/	Date	e of Disbursement or Obligation
	Mileage		Type 002	_	07 31 2014
	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	Ms. Mary L Landrieu		Oppose	Presi	ident X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		79881.18	Disburseme 2014	ent For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.				38.42
(b	s) SUBTOTAL of Unitemized Independent Expenditure	es		· •	
(0) TOTAL Independent Expenditures			· ·	
wi	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	e 08	04 2014
	Signature				

Schedule E)	PENT EXICIO	HONES	PAGE 53 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christine Stevens			07 31 7 2014
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	80.00
Winchester	VA	22602	Transaction ID : ecc03497-d623-4908-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 31 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	203299.49	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Rodney O Culbreath			07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	90.00
Winchester	VA	22602	Transaction ID : 76c1c49b-b180-4511-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 31 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		. ▶ 170.00
(b) SUBTOTAL of Uniternized Independent Exp	penditures		
			7 7 7
(c) TOTAL Independent Expenditures			· •
	ndidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 04 2014
S.g. accio			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on MMM / DD / YTY Y
Full Name of Payee	Date of Public Distribution/Dissemination
Rodney D Culbreth	07 / 31 / 2014
Mailing Address 100 Asbury CT	Amount
3200 Dam Neck Rd	
1 ·	Zip Code 80.00 22602 Transaction ID : 5fef4d64-d617-41f2-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 31 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 20	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Kenny Wallis Mailing Address 6412 Osage Dr	Date of Public Distribution/Dissemination 07 31 Amount
City State 2	Zip Code 45.00
North Little rock AR	72116 Transaction ID: 464082a6-0a2b-4c20-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 07 31 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	125.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	·······
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronics	ally Filed] Date 08 04 2014
Signature	

PAGE

OF

	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Kenny Wallis	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 6412 Osage Dr	Amount
	City State Zip Code	21.00
	North Little rock AR 72116	Transaction ID : 1e36656-ad63-4d56-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	47050 04	ursement For: Primary X General
	Per Election for Office Sought 47959.91 2014	Other (specify) ▶
	Full Name of Payee Rze Culbreath	Date of Public Distribution/Dissemination
	Mailing Address 100 Asbury Ct	07 31 2014 Amount
	City State Zip Code	80.00
	Winchester VA 22602	Transaction ID: 85ae8339-4905-4496-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2012	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	101.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(77)	08 04 2014
	Signature	
_		

PAGE 55

OF

Schedule E)	L /(: L:(2)	1101120		PAGE 56 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Jon E Conner			Date of	Public Distribution/Dissemination
Mailing Address 100 Asbury Ct			Amount	7 31 2014
				50.00
City S Winchester	State VA	Zip Code 22602		50.00 ction ID : 1f548bfd-6d98-4569-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	Presiden	t Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	203299.49	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee Michael Vidrine			Date of	
Mailing Address 1103 West Wilson Street			Amount	
City	State	Zip Code		55.00
Ville Platte	LA	70586	Transact Date of	tion ID : 0c93c130-5fd9-4b61-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	0	7 31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	Presiden	t X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		79881.18	Disbursement 2014 Oth	For: Primary X General er (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures.			• []	105.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			•	4 . 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		04 2014
Signature				

Schedule E)	iti Exi Eiti	STICILO	PAGE 57 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination
Mailing Address 1103 West Wilson Street			07 31 2014 Amount
City	State	Zip Code	35.10
Ville Platte	LA	70586	Transaction ID: 9415e466-bc04-4eab-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		79881.18	Disbursement For:
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination
Mailing Address 2043 Nottingham Ln			07 31 / 2014
2043 Nottingnam En			Amount
City	State	Zip Code	80.00
Burlington	NC	27215	Transaction ID : f4b9fa3c-0942-43c5-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 31 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures		115.10
(b) SUBTOTAL of Unitemized Independent Exper	nditures		
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any candraty committee) any political party committee or	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 04 2014
Signature			

Schedule E)	DENT EXICIO	ITORES	PAGE 58 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carmen Maddrey			07 31 2014
Mailing Address 2043 Nottingham Ln			Amount
City	State	Zip Code	3.90
Burlington	NC	27215	Transaction ID: 53f9d584-6433-4374-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	;	203299.49	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Petrina Williams			07 31 2014
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	100.00
Greensboro	NC	27407	Transaction ID: 3972394d-adf9-4048-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 31 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		103.90
.,			7 7
(b) SUBTOTAL of Unitemized Independent E	rpenditures		>
(c) TOTAL Independent Expenditures			·
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 04 2014
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Schedule E)		TIONES	PAGE 59 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			07 31 2014
			Amount
City	State	Zip Code	21.60
Greensboro	NC	27407	Transaction ID: 2b1255eb-6d51-49b3-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7	203299.49	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	85.00
Mt. Airy	NC	27030	Transaction ID : f40f477b-ea0a-4c63-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 31 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		106.60
(b) SUBTOTAL of Unitemized Independent Expe	nditures)
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 04 2014
Signature			

Schedule E)	II EXI EIG	TTOTILO	PAGE 60 OF FOR SE OF FORM 24	71 1/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMB	ER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemina	ation
Ms. Tonya Boyd			07 31 Y Y Y 2014	
Mailing Address 2357 Fancy Cap Rd			Amount	
City	State	Zip Code	3	3.60
Mt. Airy	NC	27030	Transaction ID: 1425b91d-439d-48 Date of Disbursement or Obligation	d4-9
Purpose of Expenditure Mileage		Category/ Type 002	07	
Name of Federal Candidate		Support	Office Sought: House District: _	00
Ms. Kay Hagan		X Oppose	President State:	NC
Calendar Year-To-Date Per Election for Office Sought	:	203299.49	Disbursement For: ☐ Primary ☐ G 2014 ☐ Other (specify) ▶	eneral
Full Name of Payee			Date of Public Distribution/Dissemina	ation
Timothy Foley			07 31 Y Y Y 201	4
Mailing Address 20679 Glenbrook Terrace			Amount	
City	State	Zip Code	60	.00
Sterling	VA	20165	Transaction ID : 3911912a-e379-42d Date of Disbursement or Obligation	7-9
Purpose of Expenditure Salary		Category/ Type 001	07 31 / Y 2014	
Name of Federal Candidate		Support	Office Sought: House District: _	00
Ms. Kay Hagan		X Oppose	President Senate State:	NC
Calendar Year-To-Date Per Election for Office Sought	7 7	203299.49	Disbursement For: Primary G G 2014 Other (specify) ►	ieneral
(a) SUBTOTAL of Itemized Independent Expenditur	es		93.6	0
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	iically Filed] Date	08 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
•				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New	w report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Courtney Goldstein	07
Mailing Address 1809 N Woodlawn	Amount
City State	Zip Code 35.00
Metairie LA	70001 Transaction ID : 568f4c35-46be-47f8-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Courtney Goldstein	Date of Public Distribution/Dissemination 07 31 2014
Mailing Address 1809 N Woodlawn	Amount
City State	Zip Code 3.60
Metairie LA	70001 Transaction ID : 8621ff73-952a-4bd8-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 / 31 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	79881.18 Disbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	38.60
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	
	litures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political
	lectronically Filed] Date 08 04 2014
Signature	

PAGE 61

OF

Sc	chedule E)	PAGE 62 OF 71 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	Vomen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Т	Full Name of Payee Ralph Smith	Date of Public Distribution/Dissemination
	Mailing Address 2090 Fancy Gap Rd	07
	Walling Address 2090 Fancy Gap Rd	Amount
ľ	City State Zip Code	85.00
	Mt. Airy NC 27030	Transaction ID: f5695203-7fe6-4251-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07
Ī	Name of Federal Candidate Support Office	Sought: House District: 00
	Me Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 203299.49 Disbut 2014	rsement For:
Ī	Full Name of Payee Ralph Smith	Date of Public Distribution/Dissemination
ŀ	Al-The Addition	07 31 / 2014
	Mailing Address 2090 Fancy Gap Rd	Amount
ŀ	City State Zip Code	33.60
		Transaction ID: c2713843-9f71-4c8a-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 31 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary X General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures	118.60
((b) SUBTOTAL of Unitemized Independent Expenditures	7 7
((c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 08	8 04 2014
	Signature	

Schedule E)	JENT EXILINE	TIONES	PAGE 63 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	57.50
High Point	NC	27260	Transaction ID: 7703169f-5116-4851-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7	203299.49	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	14.70
High Point	NC	27260	Transaction ID : acd032ca-30f9-4ed9-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 31 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		72.20
(b) SUBTOTAL of Unitemized Independent Exp	oenditures)
(c) TOTAL Independent Expenditures			•
	indidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08
•			

Schedule E)	LIVI LXI LIVL	TI OTILO	PAGE 64 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			07 31 2014 Amount
City	State	Zip Code	65.00
High Point	NC	27260	Transaction ID : ffcbbd19-61a4-4ff9-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement For:
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			07 31 2014 Amount
City	State	Zip Code	19.80
High Point	NC	27260	Transaction ID : 96171594-2925-4ecf-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	203299.49	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		84.80
(b) SUBTOTAL of Unitemized Independent Expo	enditures		•
(c) TOTAL Independent Expenditures			
(-,spondon Expondituros			
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electro	nically Filed] Date	08
Signature			

Schedule E)	EXI END	101120		_	PAGE 65 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					NTIFICATION NUMBER ▼
Women Speak Out PAC					00530766
Check if 24-hour report X 48-hour report	New repo	ort Amen	ds repor	t filed on	D
Full Name of Payee Serena A Jones				M = M /	Distribution/Dissemination
Mailing Address 7151 Mullins Drive				07 Amount	31 2014
City	State	Zip Code			80.00
	VA	24370			: 5f435ef7-d070-4ada-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	07	31 / 2014
Name of Federal Candidate		Sup	port	Office Sought:	House District: 00
Ms. Kay Hagan			oose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	03299.49		Disbursement For: 2014 Other (spec	Primary
Full Name of Payee				Date of Public	Distribution/Dissemination
Serena A Jones				07 /	31 2014
Mailing Address 7151 Mullins Drive				Amount	
'	State VA	Zip Code 24370			26.40 2b4d4cb8-6ed1-4b7f-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	07 /	31 / 2014
Name of Federal Candidate		Sup	oport	Office Sought:	House District: 00
Ms. Kay Hagan			pose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49		Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures				•	106.40
(b) SUBTOTAL of Unitemized Independent Expenditure	es			>	470
(c) TOTAL Independent Expenditures				•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized				
Ms. Emily Buchanan	[Electroni	ically Filed]	Date	08 / 04	2014
Signature					

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Reagan Brackett	07 31 2014
Mailing Address 502 E Center Ave	Amount
City State Zip Code	50.00
Searcy AR 72143	Transaction ID : 1da16840-40b2-4df5-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disb 2014	
Fill Name of Days	Other (specify)
Full Name of Payee Reagan Brackett	Date of Public Distribution/Dissemination 07 07 07 07 07
Mailing Address 502 E Center Ave	07 31 2014 Amount
City State Zip Code	22.74
Searcy AR 72143	Transaction ID : 39c7dad0-1804-4bfd-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought Dist. 201-	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	72.74
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	08 04 2014
Signature	

PAGE

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OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	F	EC ID	ENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M	M /	D D /	Y I Y I Y I Y
П	Full Name of Payee	Date of	Public	Distribution/	Dissemination
	Wayne Burckel	M 0		31	2014
	Mailing Address 46 Glenwood Ave	Amount	:		
	City State Zip Code		-		15.00
	Harahan LA 70123	Transac Date of	ction I Disbu	D: a6c7c78c	I-a72e-4378-8
	Purpose of Expenditure Salary Category/ Type 001	M		31	2014
	Name of Federal Candidate Support Office	Sought:		House	District:00
	Ms. Mary L Landrieu	Presiden	it >	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement Oth		Primary	General
	Full Name of Payee				/Dissemination
	Wayne Burckel	М	M /	31	2014
	Mailing Address 46 Glenwood Ave	Amount	_	01	2014
	City State Zip Code				0.30
	Harahan LA 70123			D: a777ea4f-	8934-4855-8
	Purpose of Expenditure Mileage Category/ Type 002	M)7	31	2014
	Name of Federal Candidate Support Office	Sought:		House	District: 00
	Ms. Mary L Landrieu Oppose	Presiden	nt >	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary	X General
	(a) SUBTOTAL of Itemized Independent Expenditures		-7-	7	15.30
	(b) SUBTOTAL of Unitemized Independent Expenditures		-7-		
	(c) TOTAL Independent Expenditures		-	1 -7	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 0	8 / R	04	/ Y Y 201	4
	Signature		-		

PAGE

OF

Schedule E)	INT EXTEND	TIONES	PAGE 68 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Earl Stewart			07 31 / 2014
Mailing Address 9455 Snow Camp Road			Amount
City	State	Zip Code	80.00
Snowcamp	NC	27349	Transaction ID : 5d5f7784-e68f-4b61-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 31 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		203299.49	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Earl Stewart			07 31 7 2014
Mailing Address 9455 Snow Camp Road			Amount
City	State	Zip Code	3.60
Snowcamp	NC	27349	Transaction ID : cf5afc96-30d7-46d6-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 31 Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	203299.49	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		83.60
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
V			

Schedule E)	INI EXI ENL	ON ONES	PAGE 69 OF 71 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St			07 31 2014 Amount
	0	7: 0 !	2000
City New Orleans	State LA	Zip Code 70116	60.00 Transaction ID: 08649ae6-7f33-4183-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 31 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		79881.18	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St			07 31 2014 Amount
			Allount
City New Orleans	State LA	Zip Code 70116	9.00 Transaction ID : c55b848a-082e-4b50-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 31 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	79881.18	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. ▶ 69.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
			7 7
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 04 2014
Signature			

FEC IDENTIFICATION NUMBER ▼ C C00530766		neddie E)	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Jonathan Odette Wendell NC Z7591 Name of Federal Candidate Ms. Kay Hagan Full Name of Payee Jonathan Odette City State Support Ms. Kay Hagan Full Name of Federal Candidate Ms. Kay Hagan Category/ Wendell NC Z7591 Full Name of Federal Candidate Ms. Kay Hagan Category/ Wendell NC Z7591 Full Name of Payee Jonathan Odette Category/ Wendell NC Z7591 Date of Public Distribution/Dissemination Transaction ID: 5bbse6c4-d399-do2b-a Date of Disbursement or Obligation Tansaction ID: 5bbse6c4-d399-do2b-a Date of Disbursement or Obligation Tor ' 3 3' ' 2014 Amount Transaction ID: 5bbse6c4-d399-do2b-a Date of Disbursement or Obligation Tor ' 3 3' ' 2014 Amount Full Name of Federal Candidate Ms. Kay Hagan Category/ Wendell NC Z7591 Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Tor ' 3 3' ' 2014 Amount City State Zp Code Wendell NC Z7591 Date of Public Distribution/Dissemination Tor ' 3 3' ' 2014 Amount City State Jonathan Odette Category/ Wendell NC Z7591 Date of Public Distribution/Dissemination Tor ' 3 3' ' 2014 Amount City State Jonathan Odette Category/ Wendell NC Z7591 Date of Public Distribution/Dissemination Tor ' 3 3' ' 2014 Amount Transaction ID: 434a81d-9a0-4a0-a Date of Disbursement or Obligation Transaction ID: 434a81d-9a0-ad0-aD Date of Public Distribution/Dissemination Tor ' 3 3' ' 2014 Amount	VV	omen Speak Out PAC	C C00530766
Mailing Address 9600 Earpsboro Chamblee Road	Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 9600 Earpsboro Chamblee Road City State Zip Code Wendell NC 27591 Name of Federal Candidate Support Chamblee Road State: NC Oppose President Senate State: NC Oppose On State Oppose	Т		Date of Public Distribution/Dissemination
City State Zip Code Wendell NC 27591 Purpose of Expenditure Salary Category/ Name of Federal Candidate Ms. Kay Hagan Solution of Federal Candidate Cale of Persident Senate State: NC Disbursement For: Primary Ceneral Calendar Year-To-Date Purpose of Expenditure Glid Address 9600 Earpsboro Chamblee Road City State Zip Code Wendell NC 27591 Purpose of Expenditure Mailing Address 9600 Earpsboro Chamblee Road City State Zip Code Wendell NC 27591 Purpose of Expenditure Mileage Name of Federal Candidate NC 27591 Purpose of Expenditure Mileage Name of Federal Candidate NS. Kay Hagan Oppose Transaction ID : 5bbse0c4-d490-4c2b-a Date of Disbursement For: Primary Ceneral Amount Transaction ID : 5bbse0c4-d490-4c2b-a Date of Disbursement For: Primary Ceneral Amount City State Zip Code Wendell NC 27591 Transaction ID : 4f34e81d-9ad0-4ac0-a Date of Disbursement or Obligation Transaction ID : 4f34e81d-9ad0-4ac0-a Date of Disbursement or Obligation Transaction ID : 4f34e81d-9ad0-4ac0-a Date of Disbursement or Obligation Transaction ID : 4f34e81d-9ad0-4ac0-a Date of Disbursement or Obligation Transaction ID : 4f34e81d-9ad0-4ac0-a Date of Disbursement or Obligation Transaction ID : 4f34e81d-9ad0-4ac0-a Date of Disbursement or Obligation Transaction ID : 4f34e81d-9ad0-4ac0-a Date of Disbursement or Obligation Transaction ID : 4f34e81d-9ad0-4ac0-a Date of Disbursement or Obligation Transaction ID : 4f34e81d-9ad0-4ac0-a Date of Disbursement or Obligation Transaction ID : 4f34e81d-9ad0-4ac0-a Date of Disbursement or Obligation Transaction ID : 4f34e81d-9ad0-4ac0-a Date of Disbursement or Obligation Transaction ID : 4f34e81d-9ad0-4ac0-a Date of Disbursement For: Primary Solution Transaction ID : 4f34e81d-9ad0-4ac0-a Date of Disbursement For: Primary Solution Transaction ID : 4f34e81d-9ad0-4ac0-a Date of Disbursement For: Primary Solution Transaction ID : 4f34e81d-9ad0-4ac0-a Date of Disbursement For: Primary Solution Transaction ID : 4f34e81d-9ad0-4ac0-a Date of Disbursement For: Primary Soluti		Jonathan Odette	
Vendell NC 27591		Mailing Address 9600 Earpsboro Chamblee Road	Amount
Vendell NC 27591	ŀ	City State Zin Code	40.00
Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Mailing Address 9600 Earpsboro Chamblee Road Purpose of Expenditure Mileage Category/ Wendell NC 27591 Purpose of Expenditure Mileage Category/ Type Category/ Typ			Transaction ID : 5bb9e0c4-d490-4e2b-a
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jonathan Odette Mailing Address General Date of Public Distribution/Dissemination Transaction ID: 4f34e81d-9ad0-4ac0-a Date of Disbursement For: Primary General Amount City State Zip Code Wendell NC 27591 Transaction ID: 4f34e81d-9ad0-4ac0-a Date of Disbursement or Obligation Wendell NC Amount Transaction ID: 4f34e81d-9ad0-4ac0-a Date of Disbursement or Obligation Office Sought: Name of Federal Candidate Ms. Kay Hagan Category/ Ms. Kay Hagan Noppose Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date P		Salary Category/ 001	M M / D D / Y Y Y
Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC	ľ	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought Full Name of Payee Jonathan Odette Mailing Address 9600 Earpsboro Chamblee Road City State Zip Code Wendell NC 27591 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Other (specify) ▶ Date of Public Distribution/Dissemination O7 31 72014 Amount Transaction ID . 4f34e81d-3ad0-4ae0-a Date of Disbursement or Obligation O7 31 72014 Transaction ID . 4f34e81d-3ae0-4ae0-a Date of Disbursement or Obligation O7 31 72014 O7 731 7201			
Full Name of Payee Jonathan Odette Mailing Address 9600 Earpsboro Chamblee Road City State Zip Code Wendell NC 27591 Purpose of Expenditure Mileage Category/ Index persident Senate State: NC Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Assumption District: One President Senate State: NC Calendar Year-To-Date Per Election for Office Sought Calendar Year-		000000 40	rsement For: Primary X General
Jonathan Odette Mailing Address 9600 Earpsboro Chamblee Road City State Zip Code Wendell NC 27591 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Support State State: NC Oppose President Senate State: NC Calendar Year-To-Date Per Election for Office Sought 203299.49 Calendar Year-To-Date Per Election for Office Sought 19.20 Calendar Year-To-Date Per Election for Office Sought 203299.49 Calendar Year-To-Date Sought 203299.49 Calendar Year-To-Date Per Election for Office Sought 203299.49 Calendar Year-To-Date Sought 2014 Calendar Year-To-Date Per Sought	ļ		Other (specify) >
Mailing Address 9600 Earpsboro Chamblee Road Amount City State Zip Code 19.20 Wendell NC 27591 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate State: NC Oppose President Senate State: NC Disbursement For: Primary General 2014 Calendar Year-To-Date Per Election for Office Sought 203299.49 (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Wendell NC 27591 Transaction ID : 4f34e81d-9ad0-4ac0-a Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ D02 Name of Federal Candidate Support Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date		Mailing Address 9600 Earpsboro Chamblee Road	
Wendell NC 27591 Transaction ID : 4f34e81d-9ad0-4ac0-a Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ D02 Name of Federal Candidate Support Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date		City State Zin Code	10.20
Purpose of Expenditure Mileage Category/ Type 002 007 31 2014		,	Transaction ID: 4f34e81d-9ad0-4ac0-a
Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC	ľ	Mileage Category/ 002	M = M / D = D / Y = Y = Y
Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC	ľ	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought 203299.49 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures			_
(b) SUBTOTAL of Unitemized Independent Expenditures		2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	((a) SUBTOTAL of Itemized Independent Expenditures	59.20
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	((b) SUBTOTAL of Unitemized Independent Expenditures	1171171171
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	((c) TOTAL Independent Expenditures	
[Electronically Filed] Date 08 04 2014	٧	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
		(El 4)	
		24.0	

PAGE 70

OF

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	C C00530766			
	0 200330700			
Check if 24-hour report X 48-hour report New report Amends report file	d on Mam / Dab / Yayayay			
Full Name of Payee	Date of Public Distribution/Dissemination			
Brennan McAndrews	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 44188 South Baptist RD	Amount			
City State Zip Code	6,00			
Hammond LA 70403	Transaction ID : 010524ff-ca64-44c9-a Date of Disbursement or Obligation			
Purpose of Expenditure Mileage Category/ Type 002	06 / 09 / 2014			
Name of Federal Candidate Support Office	ce Sought: House District: 00			
Ms. Mary L Landrieu Oppose	President State: LA			
Calendar Year-To-Date Per Election for Office Sought Dist. 2014	oursement For: Primary			
Full Name of Payee	Date of Public Distribution/Dissemination			
	M M / D D / Y Y Y Y			
Mailing Address	Amount			
City State Zip Code				
	Date of Disbursement or Obligation			
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y			
Name of Federal Candidate Support Office	ce Sought: House District:			
Oppose	President Senate State:			
Calendar Year-To-Date Dist	pursement For: Primary General			
Per Election for Office Sought	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	6.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	4937.14			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	08 04 2014			
Signature				